

Reset Form

Print Form

## Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	208720072	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Committee to Elect John Tretter							
Street Address	445 W 8th Street							
City	Erie	State	PA	Zip Code	16502			

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	05/19/2019	Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input checked="" type="checkbox"/>	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	6/6/2017	12/31/2017	
A. Amount Brought Forward From Last Report	\$	535.66	2018 JAN -5 PM 1:26 ERIE COUNTY VOTER REGISTRATION 7F
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	535.66	
D. Total Expenditures (From Schedule II)	\$	535.66	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

## Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

20<sup>th</sup> day of December 2017

Bonny B. Brown

COMMONWEALTH OF PENNSYLVANIA

My Commission expires

NOTARIAL SEAL

BONNY BETH BROWN, NOTARY PUBLIC

FAIRVIEW TOWNSHIP, ERIE COUNTY

MY COMMISSION EXPIRES AUG. 5, 2020

Diane B. Tretter

Signature of Person Submitting report

Diane B. Tretter

Printed Name

814

Area Code

873-6068

Daytime Telephone Number

Part II- If this is a Candidate report, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

20<sup>th</sup> day of December 2017

Bonny B. Brown

COMMONWEALTH OF PENNSYLVANIA

My Commission expires

NOTARIAL SEAL

BONNY BETH BROWN, NOTARY PUBLIC

FAIRVIEW TOWNSHIP, ERIE COUNTY

MY COMMISSION EXPIRES AUG. 5, 2020

John Tretter

Signature of Candidate

John Tretter

Printed Name

814

Area Code

450-3476

Daytime Telephone Number

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b> 208720072	Committee to Elect John Tretter		
<b>1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor</b>			
Total for the reporting period (1)		\$	0
<b>2. Contributions Over \$250.00 (From A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period (2)		\$	0
<b>3. Contributions Over \$250.00 (From C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period (3)		\$	0
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (from Part E)</b>			
Total for the reporting period (4)		\$	
<b>Total Monetary Contributions and Receipts during this reporting period (add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on page 1, report cover page, item b)</b>		\$	0

PART A

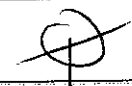
# Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees  
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number <b>208720072</b>	<b>Committee to Elect John Trette</b>
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Amount

Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address			Date [MM/DD/YYYY]	\$			
City	State			Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address			Date [MM/DD/YYYY]	\$			
City	State			Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address			Date [MM/DD/YYYY]	\$			
City	State			Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address			Date [MM/DD/YYYY]	\$			
City	State			Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address			Date [MM/DD/YYYY]	\$			
City	State			Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address			Date [MM/DD/YYYY]	\$			
City	State			Zip Code	Date [MM/DD/YYYY]	\$		

## PART B

**All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contribution with an aggregate value from  
\$50.01 TO \$250 in the reporting period.  
(Exclude contribution from political committee reported in Part A.)

Filer Identification Number:

208720572

Committee to Elect John Tretter

Name of contributor		Date [MM/DD/YYYY]		\$	
Mailing Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Name of contributor		Date [MM/DD/YYYY]		\$	
Mailing Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Name of contributor		Date [MM/DD/YYYY]		\$	
Mailing Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Name of contributor		Date [MM/DD/YYYY]		\$	
Mailing Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Name of contributor		Date [MM/DD/YYYY]		\$	
Mailing Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Name of contributor		Date [MM/DD/YYYY]		\$	
Mailing Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	

## PART C

**Contributions Received From Political Committees**

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number: 208720072	Committee to Elect John Trotter
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Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	0	
Mailing Address					Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
Mailing Address					Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
Mailing Address					Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
Mailing Address					Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
Mailing Address					Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
Mailing Address					Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
Mailing Address					Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
Mailing Address					Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]		\$

## PART D

**All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	208720072	Committee to Elect John Tretter
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Name of contributor				Date [MM/DD/YYYY]	\$	
Mailing Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Name of contributor				Date [MM/DD/YYYY]	\$	
Mailing Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Name of contributor				Date [MM/DD/YYYY]	\$	
Mailing Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Name of contributor				Date [MM/DD/YYYY]	\$	
Mailing Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						

## PART E

## Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number: 208720072 Comm. Fee to Elect John Tretter									
Full Name									
Mailing Address									
City		State		Zip Code		Date [MM/DD/YYYY]	\$	Ø	
Receipt Description									
Full Name									
Mailing Address									
City		State		Zip Code		Date [MM/DD/YYYY]	\$	Ø	
Receipt Description									
Full Name									
Mailing Address									
City		State		Zip Code		Date [MM/DD/YYYY]	\$	Ø	
Receipt Description									
Full Name									
Mailing Address									
City		State		Zip Code		Date [MM/DD/YYYY]	\$	Ø	
Receipt Description									
Full Name									
Mailing Address									
City		State		Zip Code		Date [MM/DD/YYYY]	\$	Ø	
Receipt Description									
Full Name									
Mailing Address									
City		State		Zip Code		Date [MM/DD/YYYY]	\$	Ø	
Receipt Description									

## SCHEDULE II

**IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD  
DETAILED SUMMARY PAGE

Filer Identification Number:

208720072 Committee to Elect John Tetter

**1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR**

TOTAL for the reporting period

(1)

\$

0

**2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)**

TOTAL for the reporting period

(2)

\$

0

**3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)**

TOTAL for the reporting period

(3)

\$

0

**TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD** (add and enter amount totals from boxes 1, 2, and 3; also enter on page 1, report cover page, item F)

\$

0



## SCHEDULE II

## PART F

## In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:

208720972 Committee to Elect John Treth

Full Name of the Contributor				Date [MM/DD/YYYY]	\$	Ø
Mailing Address				Date [MM/DD/YYYY]	\$	
City		State		Date [MM/DD/YYYY]	\$	
Description of Contribution						
Full Name of the Contributor				Date [MM/DD/YYYY]	\$	Ø
Mailing Address				Date [MM/DD/YYYY]	\$	
City		State		Date [MM/DD/YYYY]	\$	
Description of Contribution						
Full Name of the Contributor				Date [MM/DD/YYYY]	\$	Ø
Mailing Address				Date [MM/DD/YYYY]	\$	
City		State		Date [MM/DD/YYYY]	\$	
Description of Contribution						
Full Name of the Contributor				Date [MM/DD/YYYY]	\$	Ø
Mailing Address				Date [MM/DD/YYYY]	\$	
City		State		Date [MM/DD/YYYY]	\$	
Description of Contribution						
Full Name of the Contributor				Date [MM/DD/YYYY]	\$	Ø
Mailing Address				Date [MM/DD/YYYY]	\$	
City		State		Date [MM/DD/YYYY]	\$	
Description of Contribution						

## SCHEDULE II

## Part G

## In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:

208720072 Committee to Elect John Tretter

Full Name of the Contributor		Date [MM/DD/YYYY]		\$	Ø
Mailing Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name		Occupation			
Employer Mailing Address / Principal Place of Business		Description of Contribution			
Full Name of the Contributor		Date [MM/DD/YYYY]		\$	Ø
Mailing Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name		Occupation			
Employer Mailing Address / Principal Place of Business		Description of Contribution			
Full Name of the Contributor		Date [MM/DD/YYYY]		\$	Ø
Mailing Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name		Occupation			
Employer Mailing Address / Principal Place of Business		Description of Contribution			
Full Name of the Contributor		Date [MM/DD/YYYY]		\$	Ø
Mailing Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name		Occupation			
Employer Mailing Address / Principal Place of Business		Description of Contribution			

SCHEDULE III

**Statement of Expenditures**

Filer Identification Number: <u>208720012</u>							<u>Committee to Elect John Tretter</u>	
To Whom Paid		<u>PNC Bank</u>			Date (MM/DD/YYYY)	<u>05/01/2017</u>	\$	<u>2.00</u>
House #	Street Address		City	State	Zip Code	Description of Expenditure		
	<u>901 State Street</u>		<u>Erie</u>	<u>PA</u>	<u>16501</u>	<u>Statement fee</u>		
To Whom Paid		<u>Committee to Elect Carl Anderson</u>			Date (MM/DD/YYYY)		\$	<u>20.00</u>
House #	Street Address		City	State	Zip Code	Description of Expenditure		
	<u>3830 Parade Blvd</u>		<u>Erie</u>	<u>PA</u>	<u>16504</u>	<u>Contribution</u>		
To Whom Paid		<u>PNC Bank</u>			Date (MM/DD/YYYY)	<u>06/01/2017</u>	\$	<u>2.00</u>
House #	Street Address		City	State	Zip Code	Description of Expenditure		
	<u>901 State Street</u>		<u>Erie</u>	<u>PA</u>	<u>16501</u>	<u>Statement fee</u>		
To Whom Paid		<u>PNC Bank</u>			Date (MM/DD/YYYY)	<u>07/01/2017</u>	\$	<u>2.00</u>
House #	Street Address		City	State	Zip Code	Description of Expenditure		
	<u>901 State</u>		<u>Erie</u>	<u>PA</u>	<u>16501</u>	<u>Statement fee</u>		
To Whom Paid		<u>Committee to Re-Elect Tom</u>			Date (MM/DD/YYYY)	<u>10/24/2017</u>	\$	<u>100.00</u>
House #	Street Address		City	State	Zip Code	Description of Expenditure		
	<u>40 Barb Ntkwicz</u> <u>4213 Dominion Drive</u>		<u>Erie</u>	<u>PA</u>	<u>16500</u>	<u>Campaign Contribution</u>		
To Whom Paid		<u>Committee to Elect Carl Anderson</u>			Date (MM/DD/YYYY)	<u>10/24/2017</u>	\$	<u>90.00</u>
House #	Street Address		City	State	Zip Code	Description of Expenditure		
	<u>3830 Parade Street</u>		<u>Erie</u>	<u>PA</u>	<u>16504</u>	<u>Campaign Contribution</u>		
To Whom Paid		<u>Tim Beveridge Committee</u>			Date (MM/DD/YYYY)	<u>10/28/2017</u>	\$	<u>50.00</u>
House #	Street Address		City	State	Zip Code	Description of Expenditure		
						<u>Campaign Contribution</u>		

SCHEDULE III

**Statement of Expenditures**

Filer Identification Number: 208720072	Committee to Elect John Tretter
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To Whom Paid		PNC Bank		Date (MM/DD/YYYY)	08/01/2017	\$	2.00
House #		Street Address	901 State Street		Description of Expenditure		
City	Greenville	State	PA	Zip Code	16501	Statement fee	
To Whom Paid		PNC Bank		Date (MM/DD/YYYY)	09/01/2017	\$	2.00
House #		Street Address	901 State Street		Description of Expenditure		
City	Greenville	State	PA	Zip Code	16501	Statement fee	
To Whom Paid		Friends of John Persinger		Date (MM/DD/YYYY)	10/28/2017	\$	100.00
House #		Street Address	PO Box 1981		Description of Expenditure		
City	Greenville	State	PA	Zip Code	16512	Campaign Contribution	
To Whom Paid		PNC Bank		Date (MM/DD/YYYY)	10/01/2017	\$	2.00
House #		Street Address	901 State Street		Description of Expenditure		
City	Greenville	State	PA	Zip Code	16501	Statement fee	
To Whom Paid		PNC Bank		Date (MM/DD/YYYY)	11/01/2017	\$	2.00
House #		Street Address	901 State Street		Description of Expenditure		
City	Greenville	State	PA	Zip Code	16501	Statement fee	
To Whom Paid		PNC Bank		Date (MM/DD/YYYY)	10/28/2017	\$	5.00
House #		Street Address	901 State Street		Description of Expenditure		
City	Greenville	State	PA	Zip Code	16501	Maintenance/Att fee	
To Whom Paid		John Tretter		Date (MM/DD/YYYY)	11/28/2017	\$	156.66
House #		Street Address	445 W 8th Street		Description of Expenditure		
City	Greenville	State	PA	Zip Code	16502	Reimburse final campaign	
To Whom Paid				Date (MM/DD/YYYY)		\$	expenses
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

**SCHEDULE IV**

**Statement of Unpaid Debts**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

<b>Filer Identification Number:</b> 203720072	Committee to Elect John Tretter
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<b>Name of Creditor</b>					<b>Outstanding Balance of Debt</b>	
<b>Mailing Address</b>				<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$
<b>City</b>		<b>State</b>	<b>Zip Code</b>			
<b>Description of Debt</b>						
<b>Name of Creditor</b>					<b>Outstanding Balance of Debt</b>	
<b>Mailing Address</b>				<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$
<b>City</b>		<b>State</b>	<b>Zip Code</b>			
<b>Description of Debt</b>						
<b>Name of Creditor</b>					<b>Outstanding Balance of Debt</b>	
<b>Mailing Address</b>				<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$
<b>City</b>		<b>State</b>	<b>Zip Code</b>			
<b>Description of Debt</b>						
<b>Name of Creditor</b>					<b>Outstanding Balance of Debt</b>	
<b>Mailing Address</b>				<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$
<b>City</b>		<b>State</b>	<b>Zip Code</b>			
<b>Description of Debt</b>						
<b>Name of Creditor</b>					<b>Outstanding Balance of Debt</b>	
<b>Mailing Address</b>				<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$
<b>City</b>		<b>State</b>	<b>Zip Code</b>			
<b>Description of Debt</b>						